

Docket No. **DAV01-001**

Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

the specification of-v	vhich		
(check one)			
is attached hereform was filed onApplication Num	ber	as United States Application No.	or PCT International
and was amende	ed on	(if applicable)	
		derstand the contents of the above in mendment referred to above.	lentified specification,
I acknowledge the cknown to me to be Section 1.56.	duty to disclose to the le material to patentabi	United States Patent and Trademark lity as defined in Title 37, Code of	Office all information Federal Regulations,
Section 365(b) of a any PCT Internation States, listed below	iny foreign application(onal application which and have also identifi certificate or PCT Inte	nder Title 35, United States Code, (s) for patent or inventor's certificate designated at least one country of ed below, by checking the box, any mational application having a filing of	, or Section 365(a) of other than the United foreign application for
Prior Foreign Applic	cation(s)		Priority Not Claimed
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PTO-SB-01 (9-95) (Modified)		P02/REV02 Patent and Trademark 0	Office-U.S. DEPARTMENT OF COMM

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

William Stoffel REG. no. 39,390 customer no. 30402

Send Correspondence to: William Stoffel

PMB 455

1735 Market St - Ste A Philadelphia, PA 19103



PATENT TRADEMARK OFFICE

Direct Telephone Calls to: (name and telephone number) 215-670-2455 customer number 30402 William Stoffel

Full name of sole or first inventor	
Phillip Hugh Davies	
Sole or first inventor's signature	10/11/07
Residence 2315 Holly Lane, Lafayette Hill, PA 19444	, ,
Citizenship USA	
Post Office Address 2315 Holly Lane, Lafayette Hill, PA 19444	

	Full name of second inventor, if any	
	Second inventor's signature	Date
	Residence	
_	Citizenship	
	Post Office Address	
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STATUS (37 CFR 1.9(f) AND 1.27 (b)) - INDEPENDENT INVENTO								
Serial No. Filing Date Patent No.	Issue Date							
Applicant/ Patentee: Phillip Hugh Davies								
Invention: A Virtual Jump Rope								
As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled above and described in:								
the specification to be filed herewith.								
the application identified above.								
the patent identified above.								
I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).								
Each person, concern or organization to which I have assigned, granted, conveyed obligation under contract or law to assign, grant, convey, or license any rights in the i								
No such person, concern or organization exists.								
☐ Each such person, concern or organization is listed below.								
*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)								
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FULL NAME								
ADDRESS								
☐ Individual ☐ Small Business Concern	Nonprofit Organization							
FULL NAME								
ADDRESS Individual Small Business Concern	Nonprofit Organization							



I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR Phillip Davies				
SIGNATURE OF INVENTOR X. Hard Dans	DATE:	10/11/01		
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